

# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by  
Committee  
PO Box 250  
Madison, WI

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT INFORMATION
1. Print: <u>Mai Thao</u> Sign: <u>mai thao</u>	Street: <u>5881 Roanoke Dr.</u> City: <u>Fitchburg</u> Zip: <u>53719</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Fitchburg</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email <u>mai</u> Phone <u>(608)</u>
2. Print: <u>RANDY Hoffmeister</u> Sign: <u>RH Hoffmeister</u>	Street: <u>3536 SABAKA Tr</u> City: <u>VERONA WI</u> Zip: <u>53593</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Middleton</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email <u>RH</u> Phone <u>(608)</u>
3. Print: <u>Paul Zuehlke</u> Sign: <u>Paul K. Zuehlke</u>	Street: <u>5406 Vicar Ln</u> City: <u>Madison</u> Zip: <u>53714</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email <u>PZ</u> Phone <u>(608)</u>
4. Print: <u>Margaret Kryka</u> Sign: <u>Margaret Kryka</u>	Street: <u>210 Lynne Circle</u> City: <u>Verona</u> Zip: <u>53593</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Verona</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email <u>Kryka</u> Phone <u>(608)</u>
5. Print: <u>SOL ANABEL RODRIGUEZ</u> Sign: <u>Anabel Rodriguez</u>	Street: <u>5039 Devoro Rd.</u> City: <u>Fitchburg, WI</u> Zip: <u>53711</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Fitchburg</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email <u>Sarod</u> Phone <u>(608)</u>

I, David R Gilbert Pederson  
(Printed Name of Circulator)

## Certification of Circulator

(certify): I reside at 362 E Lakeside St  
(Circulator's Residence - Street Name and Number)

Madison

(Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 15 / 2011  
(Month) (Day) (Year)

(Signature of Circulator)

Page No. (Official Use Only)

# 1151

Circulators,  
Please include your contact information

Phone

Email

A922

# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by

Committee

PO Box 256

Madison, WI

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
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1. Print: <u>George Ruiz</u> Sign: <u>[Signature]</u>	Street: <u>1103 Whispering pine way</u> City: <u>Fitchburg</u> Zip: <u>53713</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Fitchburg</u> (Municipality Name)	<u>11/14/2011</u> (Month) (Day) (Year)	Email Phone (608)
2. Print: <u>Phyllis Kenseth</u> Sign: <u>Phyllis Kenseth</u>	Street: <u>2962 Woods Edge Way</u> City: <u>Fitchburg WI</u> Zip: <u>53711</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Fitchburg</u> (Municipality Name)	<u>11/12/2011</u> (Month) (Day) (Year)	Email Phone ( )
3. Print: <u>JAMES R WOLF</u> Sign: <u>[Signature]</u>	Street: <u>2406 WHITLOCK Rd</u> City: <u>Madison</u> Zip: <u>53719</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email Phone (608)
4. Print: <u>Tracy Burandt</u> Sign: <u>Tracy Burandt</u>	Street: <u>1401 Main St.</u> City: <u>Cross Plains</u> Zip: <u>53528</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Cross Plains</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email Phone (608)
5. Print: <u>Lisa B. Henderson</u> Sign: <u>Lisa B. Henderson</u>	Street: <u>6434 Tonbrooke Ln.</u> City: <u>Madison, WI</u> Zip: <u>53719</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email Phone (608)

I, David R Gilbert-Pederson, (certify): I reside at 362 E Lakeside St  
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number)

Madison  
(Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 15 / 2011  
(Month) (Day) (Year)

[Signature]  
(Signature of Circulator)

Page No. (Official Use Only)  
# 1152

Circulators,  
Please include your contact information

Phone

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# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by:

Committee  
PO Box 250  
Madison, WI

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.  
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT INFORMATION
1. Print: <u>Rebecca Page</u> Sign: <u>Rebecca Page</u>	Street: <u>112 Harmony</u> City: <u>Verona, WI</u> Zip: <u>53593</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Verona</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email: <u>gap</u> Phone: <u>(608)</u>
2. Print: <u>Susanne Daering</u> Sign: <u>Susanne Daering</u>	Street: <u>723 Maple Rd</u> City: <u>Verona</u> Zip: <u>53593</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Verona</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email: <u>daer</u> Phone: <u>(608)</u>
3. Print: <u>Brenda Ward</u> Sign: <u>Brenda Ward</u>	Street: <u>4118 Manitow Way</u> City: <u>Madison, WI</u> Zip: <u>53711</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email: <u>buward</u> Phone: <u>(608)</u>
4. Print: <u>Bonita Fleming</u> Sign: <u>Bonita Fleming</u>	Street: <u>2588 Oak View Ct</u> City: <u>Madison</u> WI Zip: <u>53711</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email: <u>cam</u> Phone: <u>(608)</u>
5. Print: <u>John Wood</u> Sign: <u>John W. Wood</u>	Street: <u>2588 Oak View Ct</u> City: <u>Madison</u> WI Zip: <u>53711</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>MADISON</u> (Municipality Name)	<u>11/15/11</u> (Month) (Day) (Year)	Email: <u>Cam</u> Phone: <u>(608)</u>

I, David R Gilbert-Pederson, (certify): I reside at 362 E Lakeside St Madison  
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 15 / 2011  
(Month) (Day) (Year)

[Signature]  
(Signature of Circulator)

Page No. (Official Use Only)  
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Circulators,  
Please include your con

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# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by J

Committee  
PO Box 256  
Madison, WI

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
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1. Print: Patricia J. Vollenweider Sign: Patricia J. Vollenweider	Street: 308 Valley View St City: Verona Zip: 53593	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Verona (Municipality Name)	11/15/2011 (Month) (Day) (Year)	Email: vollenweider@verona.wi.gov Phone: (608) 785-1111
2. Print: John E. Butcher Sign: John E. Butcher	Street: 410 S Jefferson City: Verona Zip: 53593	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Verona (Municipality Name)	11/15/2011 (Month) (Day) (Year)	Email: jbutcher@verona.wi.gov Phone: (608) 785-1111
3. Print: Terra Rock Sign: Terra Rock	Street: 4213 Portland Pkwy City: Madison Zip: 53714	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison (Municipality Name)	11/15/2011 (Month) (Day) (Year)	Email: terra.rock@madison.wi.gov Phone: (608) 261-1111
4. Print: Becky P. Rose Sign: Becky P. Rose	Street: 857 Hemlock Dr City: Verona, WI Zip: 53593	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Verona (Municipality Name)	11/15/2011 (Month) (Day) (Year)	Email: becky.rose@verona.wi.gov Phone: (608) 785-1111
5. Print: Thomas P. Callier Sign: TP Callier	Street: 2705 Country View Rd City: Verona WI Zip: 53593	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Verona (Municipality Name)	11/15/2011 (Month) (Day) (Year)	Email: tpcallier@verona.wi.gov Phone: (608) 785-1111

I, David R. Gilbert-Rodriguez, (certify): I reside at 362 E Lakeside Madison  
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11/15/2011  
(Month) (Day) (Year)

[Signature]  
(Signature of Circulator)

Page No. (Official Use Only)  
# 1154

Circulators,  
Please include your contact information.

Phone: ( )  
Email: ( )

A922

# SCOTT WALKER RECALL PETITION

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Tamarah R Holtan Arnold	<i>Tamarah R Holtan Arnold</i>	Street: 8411 Arbor Trace Dr. City: Verona WI Zip: 53593	<input checked="" type="checkbox"/> Town Springdale <input type="checkbox"/> Village <input type="checkbox"/> City	11/15/2011 (Month) (Day) (Year)
2. Mindy Breunig	<i>Mindy Breunig</i>	Street: 8656 Cty. Rd. Y City: Sauk City, WI Zip: 53583	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Sauk City	11/15/2011 (Month) (Day) (Year)
3. Carri Hale	<i>Carrie Hale</i>	Street: 14 Kristana Way City: Madison WI Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
4. Linda Perez	<i>Linda M Perez</i>	Street: 5695 Nutme St City: Fitchburg Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Fitchburg	11/15/2011 (Month) (Day) (Year)
5. Joseph W. Maurer	<i>Joseph W. Maurer</i>	Street: 2838 McKenna Blvd City: Madison, WI Zip: 53719	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
6. Tammy M. Makovec	<i>Tammy M Makovec</i>	Street: 316 N. Nine Mound Rd City: Verona WI Zip: 53593	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Verona	11/15/2011 (Month) (Day) (Year)
7. Roland Perez	<i>Roland Perez</i>	Street: 5695 Nutme City: Fitchburg WI Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Fitchburg	11/15/2011 (Month) (Day) (Year)
8. Cheryl Christensen	<i>Cheryl Christensen</i>	Street: 414 W. Harriet St. City: Verona WI Zip: 53593	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Verona	11/15/2011 (Month) (Day) (Year)
9. Sarah Damres	<i>Sarah Damres</i>	Street: 277 Meadowside Drive City: Verona Zip: 53593	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Verona	11/15/2011 (Month) (Day) (Year)
10. Jaren Bailey	<i>Jaren Bailey</i>	Street: 7238 Temple Dr City: Madison WI Zip: 53719	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)

## Certification of Circulator

I, David R Gilbert - Pedersen, (certify): I reside at 362 E Lakeside St Madison  
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 15 / 20 11  
(Month) (Day) (Year)

(Signature of Circulator)

Page No. (Official Use Only)  
# 1155

Circulator

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# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Bernadine Haak	Bernadine Haak	Street: 1349 Prairie Ave City: Belleville Zip: 53508	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Belleville	11/15/2011 (Month) (Day) (Year)
2. Randy Haak	Randy Haak	Street: 1347 Prairie Ave City: Belleville WI Zip: 53508	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Belleville	11/15/2011 (Month) (Day) (Year)
3. Lori Lunder-Krajcar	Lori Lunder-Krajcar	Street: 675 Acadia Way City: Verona WI Zip: 53593	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Verona	11/15/2011 (Month) (Day) (Year)
4. Kerstin Nelson	Kerstin Nelson	Street: 1459 E. Main St Apt 2d City: Madison Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
5. Jennifer Murphy	Jennifer Murphy	Street: 5697 Modernaire St City: Fitchburg WI Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Fitchburg	11/15/2011 (Month) (Day) (Year)
6. Margaret Fugitt	Margaret Fugitt	Street: 5041 LaCrosse Lane City: Madison WI Zip: 53705	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
7. Ann Kruse	Ann E. Kruse	Street: 2124 Hilldale Lane City: Stoughton, WI Zip: 53589	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Stoughton	11/15/2011 (Month) (Day) (Year)
8. Rita Wedderspoon	Rita Wedderspoon	Street: 671 Maple Rd City: Verona, WI Zip: 53593	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Verona	11/15/2011 (Month) (Day) (Year)
9. Patti Halverson	Patti Halverson	Street: 3040 Shady Oak Lane City: Verona Zip: 53593	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Verona	11/15/2011 (Month) (Day) (Year)
10. Barb Bandt	Barb Bandt	Street: 2917 Prairie Rd City: Madison WI Zip: 53719	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)

## Certification of Circulator

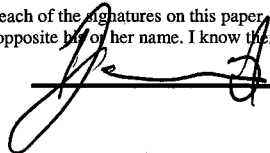
I, David R Gilbert-Pederson, (Name of Circulator)

(certify): I reside at 362 E Lakeside St

Madison

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 15 / 2011  
(Month) (Day) (Year)



(Signature of Circulator)

Page No. (Official Use Only)  
# 1156

Circulator  
Phone  
Email

# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by Jan  
Committee to  
PO Box 2569  
Madison, WI

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1. Print: <u>Laurie Larson</u> Sign: <u>Laurie Larson</u>	Street: <u>14 Cavendish Ct.</u> City: <u>Madison</u> Zip: <u>53714</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11 / 15 / 2011</u> (Month) (Day) (Year)	Email <u>LarsonL</u> Phone (608) 256-1111
2. Print: <u>Max Varner</u> Sign: <u>Max Varner</u>	Street: <u>1813 Maplecrest Dr</u> City: <u>Verona</u> Zip: <u>53593</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11 / 15 / 2011</u> (Month) (Day) (Year)	Email <u>MaxVarner</u> Phone (608) 256-1111
3. Print: <u>Deborah Szarka</u> Sign: <u>Deborah Szarka</u>	Street: <u>10906 Cave of the Mounds</u> City: <u>Blue Mounds WI</u> Zip: <u>53517</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Blue Mounds</u> (Municipality Name)	<u>11 / 15 / 2011</u> (Month) (Day) (Year)	Email <u>gryphon</u> Phone (608) 256-1111
4. Print: <u>Corinne Walsh</u> Sign: <u>Corinne Walsh</u>	Street: <u>328 Westridge Pkwy</u> City: <u>Verona</u> Zip: <u>53593</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Verona</u> (Municipality Name)	<u>11 / 15 / 2011</u> (Month) (Day) (Year)	Email <u>cjwa</u> Phone (608) 256-1111
5. Print: <u>Melinda Dorris</u> Sign: <u>Melinda Dorris</u>	Street: <u>3033 Waunona Way</u> City: <u>Madison</u> Zip: <u>53713</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11 / 15 / 2011</u> (Month) (Day) (Year)	Email <u>Mend</u> Phone (608) 256-1111

I, David R Gilbert-Pederson, (certify): I reside at 362 E Lakeside  
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number)

Madison  
(Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

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(Month) (Day) (Year)

[Signature]  
(Signature of Circulator)

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# 1157

Circulators,  
Please include your contact

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Email

A922-17

# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. ROGER Abraham	<i>Roger Abraham</i>	Street: 5766 River Rd City: Waukegan, WI Zip: 53597	<input checked="" type="checkbox"/> Town TOWN OF Westport <input type="checkbox"/> Village <input type="checkbox"/> City	11/15/2011 (Month) (Day) (Year)
2. Tanya L. Lawler	<i>Tanya L. Lawler</i>	Street: 4045 Steinies D City: Madison WI Zip: 53714	<input type="checkbox"/> Town <input type="checkbox"/> Village Madison <input checked="" type="checkbox"/> City	11/15/2011 (Month) (Day) (Year)
3. LEE SCHROEDER	<i>Lee Schroeder</i>	Street: 1926 SHERIDAN ST #3 City: MADISON, WI Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/15/2011 (Month) (Day) (Year)
4. Justin Sprague	<i>Justin Sprague</i>	Street: 1926 Sheridan St #3 City: Madison Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
5. Joffre Pedretti	<i>Joffre Pedretti</i>	Street: 133 E Railroad St. City: Verona Zip: 53593	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Verona	11/15/2011 (Month) (Day) (Year)
6. Maureen Grosse	<i>Maureen E Grosse</i>	Street: 310 Ridge View Trl. City: Verona Zip: 53593	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Verona	11/15/2011 (Month) (Day) (Year)
7. Judith Kitzsch-Anderson	<i>Judith Kitzsch-Anderson</i>	Street: 710 prairie smoke Rd City: Madison Zip: 53717	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
8. JoBeth Kroetz	<i>JoBeth Kroetz</i>	Street: 809 Douglas Trail City: Madison Zip: 53716	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
9. Heidi Mondloch	<i>Heidi Mondloch</i>	Street: 919 2nd St City: New Glarus Zip: 53574	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village New Glarus <input type="checkbox"/> City	11/15/2011 (Month) (Day) (Year)
10. Eric Osthoff	<i>Eric Osthoff</i>	Street: 5192 Kittycrest Dr City: Fitchburg Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Fitchburg	11/15/2011 (Month) (Day) (Year)

## Certification of Circulator

I, David R. Gilbert-Pederson, (certify): I reside at 362 E Lakeside St Madison

(Name of Circulator)

(Circulator's Residence - Street name and Number)

(Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

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*[Signature]*  
(Signature of Circulator)

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Circulators, please

Phone  
Email

A92



# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Mona Kirsap	Mona Kirsap	Street: 2584 Tonto Tr. City: Verona Zip: 53593	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Verona	11/15/2011 (Month) (Day) (Year)
2. <del>Wendy Fendrick</del>	<del>Wendy Fendrick</del>	Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
3. Wendy Fendrick	Wendy Fendrick	Street: 233 N. Division St. City: Stoughton WI Zip: 53589	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Stoughton	11/15/2011 (Month) (Day) (Year)
4. Andrea Leibfried	Andrea Leibfried	Street: 636 S. 8th St City: Mt Horeb WI Zip: 53572	<input checked="" type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mt Horeb	11/15/2011 (Month) (Day) (Year)
5. Donna Miller	Donna Miller	Street: 1162 Canty Rd D City: Oregon, WI Zip: 53575	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Oregon	11/15/2011 (Month) (Day) (Year)
6. Deb Crews	Deb Crews	Street: 5842 Devroo City: Madison WI Zip: 53711	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Fitchburg	11/15/2011 (Month) (Day) (Year)
7. Marie Kyle	Marie Kyle	Street: 300 Breckenridge Rd City: Verona, WI Zip: 53593	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Verona	11/15/2011 (Month) (Day) (Year)
8. Vaegueline Williams	Vaegueline Williams	Street: 7722 Carrington Dr Apt B City: Madison WI Zip: 53715	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
9. Michelle Bishop	Michelle Bishop	Street: 140 Jenna Dr City: Verona WI Zip: 53593	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Veron	11/15/2011 (Month) (Day) (Year)
10. Brenda Feller	Brenda Feller	Street: 119-3rd St City: New Glarus WI	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City New Glarus	11/15/2011 (Month) (Day) (Year)

## Certification of Circulator

I, David R Gilbert Pederson

(Name of Circulator)

, (certify): I reside at 366 E Lakeside St

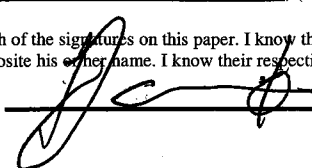
(Circulator's Residence - Street name and Number)

Madison

(Circulator Municipality)

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11 / 15 / 2011  
(Month) (Day) (Year)



(Signature of Circulator)

Page No. (Official Use Only)

# 1159

Circulators, please

Phone

Email

A922

# SCOTT WALKER RECALL PETITION

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1. Daniel Kennelly	<i>Daniel Kennelly</i>	Street: 808 O'Sheridan St. City: Madison Zip: 53715	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
2. Jordan Troy	<i>Jordan Troy</i>	Street: 152 Langdon St. City: Madison Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
3. Payal Khandhar Adriaens	<i>Payal Khandhar Adriaens</i>	Street: 5902 Tolman Terrace City: Madison Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
4. Philip Wells	<i>Philip Wells</i>	Street: 105 S. Owen Dr City: Madison Zip: 53705	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
5. Jacob Adriaens	<i>Jacob Adriaens</i>	Street: 5902 Tolman Terrace City: Madison Zip: WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
6. Allison Werner	<i>Allison Werner</i>	Street: 3489 Milwaukee Street City: Madison Zip: 53714	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
7. Ruth Ann Stodola	<i>Ruth Ann Stodola</i>	Street: 1933 Sheridan Street City: Madison Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
8. Jim Bradley	<i>Jim Bradley</i>	Street: 400 ACACIA LN City: MADISON Zip: 53716	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/15/2011 (Month) (Day) (Year)
9. FRANCIS CLARK	<i>Francis Clark</i>	Street: 807 JENIFER ST City: MADISON Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
10. Lauri Halminiax	<i>Lauri Halminiax</i>	Street: 903 Enterprise Drive City: Verona WI Zip: 53593	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Verona	11/15/2011 (Month) (Day) (Year)

## Certification of Circulator

I, David R Gilbert-Pederson, (certify): I reside at

(Name of Circulator)

362 E Lakeside St

(Circulator's Residence - Street name and Number)

Madison

(Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

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# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Marion Oas	<i>Marion Oas</i>	Street: 5841 Roanoke Dr City: Fitchburg Zip: 53719	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Fitchburg	11/15/2011 (Month) (Day) (Year)
2. Sherwyn Oas	<i>Sherwyn Oas</i>	Street: 5841 Roanoke Drive City: Fitchburg Zip: 53719	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Fitchburg	11/15/2011 (Month) (Day) (Year)
3. Karen Erickson	<i>Karen Erickson</i>	Street: 2748 Hula Dr City: Verona WI Zip: 53593	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Verona	11/15/2011 (Month) (Day) (Year)
4. Jennifer Faulkner	<i>Jennifer Faulkner</i>	Street: 6137 Thorneburg Dr. City: Madison Zip: 53719	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
5. Jeffrey Erickson	<i>Jeffrey Erickson</i>	Street: 2248 HULA DR City: VERONA, WI. Zip: 53593	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Verona	11/15/2011 (Month) (Day) (Year)
6. Sharon Rohlfing	<i>Sharon Rohlfing</i>	Street: 1023 Onyx Ct City: Verona Zip: 53593	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Verona	11/15/2011 (Month) (Day) (Year)
7. Nancy Pschorr	<i>Nancy Pschorr</i>	Street: 4306 Shore Acres Rd City: Monona Zip: 53716	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Monona	11/15/2011 (Month) (Day) (Year)
8. Jayne Baertinger-Peterson	<i>Jayne Baertinger-Peterson</i>	Street: 2501 Pinta Ct City: Middleton Zip: 53562	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Middleton	11/15/2011 (Month) (Day) (Year)
9. Sylvia Delehanty	<i>Sylvia Delehanty</i>	Street: 742 BASSWOOD AVE City: VERONA WI Zip: 53593	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Verona	11/15/2011 (Month) (Day) (Year)
10. James W Grogan III	<i>James W Grogan III</i>	Street: 436 Dunhill Dr. City: Verona Zip: 53593	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Verona	11/15/2011 (Month) (Day) (Year)

## Certification of Circulator

I, David R Gilbert-Peterson, (certify): I reside at 362 E Lakeside St Madison

(Name of Circulator)

(Circulator's Residence - Street name and Number)

(Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

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(Signature of Circulator)

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# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by JA  
Committee to  
PO Box 2569  
Madison, WI

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.  
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT
1. Print: <u>David Jenwein</u> Sign: <u>[Signature]</u>	Street: <u>5865 Roanoke Dr</u> City: <u>Fitchburg</u> Zip: <u>53719</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Fitchburg</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email: <u>Jenwein</u> Phone: <u>(608)</u>
2. Print: <u>Elizabeth Falberg</u> Sign: <u>[Signature]</u>	Street: <u>26 Dolores Ct</u> City: <u>Madison</u> Zip: <u>53716</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email: <u>608-</u> Phone: <u>( )</u>
3. Print: <u>Sharon Mork</u> Sign: <u>[Signature]</u>	Street: <u>P.O. Box 107</u> City: <u>McFarland, WI</u> Zip: <u>53558</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>McFarland</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email: <u>Kalonak</u> Phone: <u>(608)</u>
4. Print: <u>Jason Holland</u> Sign: <u>[Signature]</u>	Street: <u>3806 Drumlin Ln</u> City: <u>Madison</u> Zip: <u>53719</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email: <u>jase.h</u> Phone: <u>(608)</u>
5. Print: <u>Gayle Ellis</u> Sign: <u>[Signature]</u>	Street: <u>2576 Tonto Tr</u> City: <u>Verona</u> Zip: <u>53593</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Verona</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email: <u>tgell</u> Phone: <u>(608)</u>

I, David R Gilbert-Pederson, (certify): I reside at 362 E Lakeside st Madison  
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under 9.12.13(3)(a), Wis. Stats.

11 / 15 / 2011  
(Month) (Day) (Year)  
[Signature]  
(Signature of Circulator)

Page No. (Official Use Only)  
# 1162

Circulators.  
Please include your contact information.

Phone: ( )  
Email: ( )

4922-22

# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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1. Lannette McMunn	<i>Lannette McMunn</i>	Street: 1053 Tamarack Way City: Verona WI Zip: 53593	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Verona	11/15/2011 (Month) (Day) (Year)
2. Sandra S. Tolleson	<i>Sandra S. Tolleson</i>	Street: 2009 MICA ROAD City: MADISON WI Zip: 53719	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/15/2011 (Month) (Day) (Year)
3. Heather Thorpe	<i>Heather Thorpe</i>	Street: 1813 Redwood Ln. City: Madison Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
4. Kim Schuenen	<i>Kim Schuenen</i>	Street: 38 PATRICK WAY City: Fitchburg Zip: 53411	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Fitchburg	11/15/2011 (Month) (Day) (Year)
5. Cheryl Burbank	<i>Cheryl Burbank</i>	Street: 609 Parkway Dr. City: Mt. Horeb, WI Zip: 53572	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Mt. Horeb	11/15/2011 (Month) (Day) (Year)
6. Louis Brick	<i>Louis Brick</i>	Street: 1664 Borchert City: FITCHBURG Zip: 53575	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Fitchburg	11/15/2011 (Month) (Day) (Year)
7. Edmund Brick	<i>E.M. Brick</i>	Street: 1664 Borchert Rd City: Fitchburg WI Zip: 53575	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Fitchburg	11/15/2011 (Month) (Day) (Year)
8. Angie Middleton-Hansen	<i>Angie Middleton-Hansen</i>	Street: 6743 G RD I City: Waunakee Zip: 53597	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Vienna	11/15/2011 (Month) (Day) (Year)
9. Kevin F Hoffman	<i>Kevin F Hoffman</i>	Street: 2051 Springdale Center Rd City: Verona WI Zip: 53593	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Springdale	11/15/2011 (Month) (Day) (Year)
10. Ann Frederickson	<i>Ann M. Frederickson</i>	Street: 2501 Homestead Rd City: Madison WI Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)

## Certification of Circulator

I, David R. Gilbert-Pederson, (Name of Circulator)

(certify): I reside at 362 E Lakeside St

Madison

(Circulator Municipality)

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11 / 15 / 2011  
(Month) (Day) (Year)

(Signature of Circulator)

Page No. (Official Use Only)  
# 1163

Circulators

Phone

Email

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# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by Jan  
Committee to  
PO Box 2569  
Madison, WI

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NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT
1. Print: <u>Ann Hoffmeister</u> Sign: <u>Ann Hoffmeister</u>	Street: <u>3536 Sabaka Tr.</u> City: <u>Verona WI</u> Zip: <u>53593</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Verona</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email <u>ahof</u> Phone (608)
2. Print: <u>Brenda K. Hein</u> Sign: <u>Brenda K. Hein</u>	Street: <u>110 Merlham Drive</u> City: <u>Madison</u> Zip: <u>53705</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email  Phone ( )
3. Print: <u>Terie Leffin</u> Sign: <u>Terie Leffin</u>	Street: <u>721 Roualia Dr</u> City: <u>Verona</u> Zip: <u>53593</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Verona</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email <u>mtle</u> Phone (608)
4. Print: <u>Dick Quinn</u> Sign: <u>Dick Quinn</u>	Street: <u>523 KADIA WAY</u> City: <u>VERONA</u> Zip: <u>53593</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>VERONA</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email  Phone ( )
5. Print: <u>Falynn Prohaska</u> Sign: <u>Falynn Prohaska</u>	Street: <u>3848 Maple Grove Dr. Unit 313</u> City: <u>Madison</u> Zip: <u>53719</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email <u>pro</u> Phone (608)

1. David R Gilbert Peterson (Printed Name of Circulator), (certify): I reside at 362 E Lakeside st (Circulator's Residence - Street Name and Number) Madison (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 15 / 2011  
(Month) (Day) (Year)  
David R Gilbert Peterson  
(Signature of Circulator)

Page No. (Official Use Only)  
# 1164

Circulators,  
Please include your contact  
Phone  
( )  
Email

4922-24

# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by Jan  
Committee to  
PO Box 2569  
Madison, WI 5

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT
1. Print: <u>Angela Fritsch</u> Sign: <u>Angela Fritsch</u>	Street: <u>6801 CTH M</u> City: <u>Verona</u> Zip: <u>53593</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Verona</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email <u>etrullablu</u> Phone <u>(608) 8</u>
2. Print: <u>JEFFREY C. WHITE</u> Sign: <u>Jeffrey C. White</u>	Street: <u>744 WHALEN RD</u> City: <u>VERONA WI</u> Zip: <u>53593</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>VERONA</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email <u>wjefuh</u> Phone <u>(608)</u>
3. Print: <u>STEPHEN C. WEBBERSON</u> Sign: <u>Steph C Webberson</u>	Street: <u>671 MAPLE RD</u> City: <u>VERONA WI</u> Zip: <u>53593</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>VERONA</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email <u>(608) 8</u> Phone <u>(608) 8</u>
4. Print: <u>Jacob Mittag</u> Sign: <u>Jacob Mittag</u>	Street: <u>3848 Maple Grove Dr, Unit 313</u> City: <u>Madison</u> Zip: <u>53719</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email <u>( )</u> Phone <u>( )</u>
5. Print: <u>Randall Newton</u> Sign: <u>Randall Newton</u>	Street: <u>3115 Limekiln St.</u> City: <u>Madison WI</u> Zip: <u>53719</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email <u>Randy O</u> Phone <u>(608) 8</u>

I, David R Gilbert-Pederson, (certify): I reside at 362 E Lakeside St Madison  
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 15 / 2011  
(Month) (Day) (Year)  
[Signature]  
(Signature of Circulator)

Page No. (Official Use Only)  
# 1165

Circulators.  
Please include your contact

Phone  
( )  
Email

7922-25

# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

**Return by Jan**  
Committee to Recall  
PO Box 2569  
Madison, WI 53708

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT
1. Print: <u>Joy Ludtke</u> Sign: <u>Joy Ludtke</u>	Street: <u>7143 Mockingbird Ln.</u> City: <u>Middleton</u> Zip: <u>53562</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Middleton</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email <u>nanaj...</u> Phone <u>(608) ...</u>
2. Print: <u>Diana Varner</u> Sign: <u>Diana Varner</u>	Street: <u>1813 Maplecrest</u> City: <u>Verona</u> Zip: <u>53593</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email <u>varner...</u> Phone <u>(608) ...</u>
3. Print: <u>Diana E Trowbridge</u> Sign: <u>Diana E Trowbridge</u>	Street: <u>503 Westlawn Cir</u> City: <u>Verona</u> Zip: <u>53593</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Verona</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email <u>mom...</u> Phone <u>(608) ...</u>
4. Print: <u>Mark Gehrig</u> Sign: <u>Mark Gehrig</u>	Street: <u>1811 Vilas Av.</u> City: <u>Madison WI</u> Zip: <u>53711</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email <u>gehrigs...</u> Phone <u>(608) ...</u>
5. Print: <u>Kirsten Scott</u> Sign: <u>Kirsten Scott</u>	Street: <u>1115 Druml'n Dr.</u> City: <u>Verona WI</u> Zip: <u>53593</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Verona</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email <u>dkcp...</u> Phone <u>(608) ...</u>

**Certification of Circulator**  
I, David R Gilbert-Pederson, (certify): I reside at 367 E Lakeside St Madison  
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 15 / 2011  
(Month) (Day) (Year)

[Signature]  
(Signature of Circulator)

Page No. (Official Use Only)  
# 1166

**Circulators.**  
Please include your contact  
Phone  
( )  
Email

A922-26



# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by Jan  
Committee to E  
PO Box 2569  
Madison, WI 5

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT
1. Print: <u>Beth Rodriguez Striz</u> Sign: <u>Beth Rodriguez Striz</u>	Street: <u>7231 W. Mineral Point Rd.</u> City: <u>Verona</u> Zip: <u>53593</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Middleton</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email <u>bastriz</u> Phone <u>(608) 7</u>
2. Print: <u>Cheryl Gulbransen</u> Sign: <u>Cheryl Gulbransen</u>	Street: <u>1379 Keller Rd.</u> City: <u>Mr. Horeb, WI</u> Zip: <u>53572</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Perry Township</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email <u>cgulbran</u> Phone <u>(608) 5</u>
3. Print: <u>Enca Fox Gehrig</u> Sign: <u>Enca Fox Gehrig</u>	Street: <u>1811 Vilas Ave.</u> City: <u>Madison WI</u> Zip: <u>53711</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email <u>gehrig</u> Phone <u>(608) 2</u>
4. Print: <u>Linda Crossen</u> Sign: <u>Linda L. Crossen</u>	Street: <u>540 Scott St</u> City: <u>Oregon</u> Zip: <u>53575</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Oregon</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email <u>lxcxen</u> Phone <u>(608) 8</u>
5. Print: <u>Cindy Muralles</u> Sign: <u>Cindy Muralles</u>	Street: <u>2698 Norwich St.</u> City: <u>Fitchburg</u> Zip: <u>53711</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Fitchburg</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email <u>cindy</u> Phone <u>(608) 2</u>

I, David R Gilbert-Pederson, (certify): I reside at 362 E Lakeside St Madison  
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 15 / 2011  
(Month) (Day) (Year)

(Signature of Circulator)

Page No. (Official Use Only)

# 1167

Circulators.  
Please include your contact

Phone

Email

492227

# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by Jan  
Committee to  
PO Box 2569  
Madison, WI

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT
1. Print: <u>Susan K Wainwright</u> Sign: <u>Susan K Wainwright</u>	Street: <u>217 Jenna Dr</u> City: <u>Verona WI</u> Zip: <u>53593</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Verona</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email Phone ( )
2. Print: <u>Jon Rebholz</u> Sign: <u>Jon Rebholz</u>	Street: <u>1106 Drumlin Dr.</u> City: <u>Verona WI</u> Zip: <u>53593</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Verona</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email Phone (608 )
3. Print: <u>MARGE POWELL</u> Sign: <u>Marge Powell</u>	Street: <u>4695 PIERCEVILLE Rd</u> City: <u>COTTAGE GROVE, WI</u> Zip: <u>53527</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>SUN PRAIRIE</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email Phone ( )
4. Print: <u>Larry Gundlach</u> Sign: <u>Larry Gundlach</u>	Street: <u>517 Wingra St. #1</u> City: <u>Madison</u> Zip: <u>53715</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email Phone ( )
5. Print: <u>Brent Corless</u> Sign: <u>Brent Corless</u>	Street: <u>604 East View Ct.</u> City: <u>Verona, WI</u> Zip: <u>53593</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Verona</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email Phone (608 )

I, David & Gilbert Peterson, (certify): I reside at 362 E Lakeside St Madison  
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 15 / 2011  
(Month) (Day) (Year)

[Signature]  
(Signature of Circulator)

Page No. (Official Use Only)  
# 1168

Circulators,  
Please include your contact  
Phone  
( )  
Email

4922-28

# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	CO
1. MARY H. SMOER		Street: 312 Thompson St City: VERONA Zip: 53593	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City VERONA	11/15/2011 (Month) (Day) (Year)	Email: mhs7 Phone: (608)
2. THERESA BULL		Street: 2626 CHESAPEAKE DR City: FITCHBURG Zip: 53719	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Fitchburg	11/15/2011 (Month) (Day) (Year)	Email: bullt Phone: (608)
3. Catherine Mackey		Street: 5826 Dawley Dr City: Fitchburg Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Fitchburg	11/15/2011 (Month) (Day) (Year)	Email: Mac Phone: (608)
4. Betty Brault		Street: 732 Devonshire Rd City: Stoughton WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Stoughton	11/15/2011 (Month) (Day) (Year)	Email: Phone: ( )
5. Krista Shallenbarger-Burton		Street: 26 S. Wyler Dr City: EVANSVILLE, WI Zip: 53536	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Evansville	11/15/2011 (Month) (Day) (Year)	Email: msfred Phone: (608)
6. Denise Quinn		Street: 535 Linden Crt City: Verona WI Zip: 53593	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Verona	11/15/2011 (Month) (Day) (Year)	Email: dag535 Phone: (608)
7. Michael J Ray		Street: 5216 Blazingstar Ln City: Fitchburg WI Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Fitchburg	11/15/2011 (Month) (Day) (Year)	Email: mjr4 Phone: (608)
8. Annelies Howell		Street: 5842 Woods Edge Rd City: Fitchburg WI Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Fitchburg	11/15/2011 (Month) (Day) (Year)	Email: Annelie Phone: (608)
9. Jason Maag		Street: 1229 Virgin Lake Drive City: Stoughton, WI Zip: 53589	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Stoughton	11/15/2011 (Month) (Day) (Year)	Email: Jake Phone: (608)
10. Jennifer Johnston		Street: 209 Westlawn Ave City: Verona Zip: 53593	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Verona	11/15/2011 (Month) (Day) (Year)	Email: jenny Phone: (608)

## Certification of Circulator

I, David R. Gilbertson Pederson, (certify): I reside at Madison 362 E Lakeside

(Name of Circulator)

(Circulator's Residence - Street name and Number)

(Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 15 / 2011  
(Month) (Day) (Year)

(Signature of Circulator)

Page No. (Official Use Only)  
# 1169

Circulators

Phone

Email

Ag2

# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Tracy E. Perrett	<i>Tracy Perrett</i>	Street: 329 Crescent St City: Mazomanie WI Zip: 53560	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mazomanie	11/15/2011 (Month) (Day) (Year)
2. Camilla A. O'Brien	<i>Camilla O'Brien</i>	Street: 3042 Springfield Rd. City: Cross Plains, WI Zip: 53528	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Cross Plains	11/15/2011 (Month) (Day) (Year)
3. Colleen Mize	<i>Colleen Mize</i>	Street: 3745 Sequoia Trl City: Verona WI Zip: 53593	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Middleton	11/15/2011 (Month) (Day) (Year)
4. HARVEY KAUFFMAN	<i>Harvey Kauffman</i>	Street: 8682 W Mineral Pk Rd City: Cross Plains Zip: 53555	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Middleton	11/15/2011 (Month) (Day) (Year)
5. Tracy L. Oller	<i>Tracy Oller</i>	Street: 1721 Main St Apt A City: Cross Plains WI Zip: 53528	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Cross Plains	11/15/2011 (Month) (Day) (Year)
6. Kay Brakender	<i>Kay Brakender</i>	Street: 1800 Hael City: Black Earth WI Zip: 53515	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Black Earth	11/15/2011 (Month) (Day) (Year)
7. DORENE L. DISCH	<i>Dorene L. Disch</i>	Street: 607 Haslen City: New Glarus WI Zip: 53574	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City NEW GLARUS	11/15/2011 (Month) (Day) (Year)
8. Pam Del Angel	<i>Pam Del Angel</i>	Street: 24 W. Exchange Street City: Mazomanie Zip: 53560	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mazomanie	11/15/2011 (Month) (Day) (Year)
9. Michelle Rigby	<i>Michelle Rigby</i>	Street: 425 US Hwy 14 # 35 City: Lone Rock WI Zip: 53556	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Lone Rock	11/15/2011 (Month) (Day) (Year)
10. BERNARD BACH	<i>Bernard Bach</i>	Street: 9713 KAHL RD City: BLACK EARTH Zip: 53515	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City BLACK EARTH	11/15/2011 (Month) (Day) (Year)

## Certification of Circulator

I, DAVID R FASS, (certify): I reside at 2506 CHURCH ST Village of Cross Plains WI 53528  
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11/15/2011  
(Month) (Day) (Year)

*David R Fass*  
(Signature of Circulator)

Page No. (Official Use Only)  
# 1170

Circulators:  
Phone  
Email

ADIC

# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. LAURICE W COULSON	Laurice W Coulson	Street: 1308 Hickory St City: Cross Plains WI Zip: 53528	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Cross Plains WI <input type="checkbox"/> City	11/15/2011 (Month) (Day) (Year)
2. Diana M. Stein	Diana M Stein	Street: S 6957 County Rd FF City: North Freedom WI Zip: 53951	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village Freedom <input type="checkbox"/> City	11/15/2011 (Month) (Day) (Year)
3. Jerrem F Maier	Jerrem F Maier	Street: 5614 County P City: Cross Plains WI Zip: 53528	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Springfield	11/15/2011 (Month) (Day) (Year)
4. BILL PEISS	Bill Peiss	Street: 610 BARTELS City: MONONA WI Zip: 53116	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MONONA	11/15/2011 (Month) (Day) (Year)
5. Susan M Loger	Susan M Loger	Street: 1810 East Street City: Black Earth WI Zip: 53515	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Black Earth	11/15/2011 (Month) (Day) (Year)
6. Jane Bantch	Jane Bantch	Street: 2610 Elmwood Circle W City: Cross Plains WI Zip: 53528	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Cross Plains	11/15/2011 (Month) (Day) (Year)
7. Barbara E Walker	Barbara E. Walker	Street: 5650 Pine Road City: Black Earth WI Zip: 53515	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Berry	11/15/2011 (Month) (Day) (Year)
8. Romaine Sieb	Romaine Sieb	Street: 8297 W. Hill Point Rd. City: Cross Plains WI Zip: 53528	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Benny	11/15/2011 (Month) (Day) (Year)
9. Jacqueline Graves	Jacqueline Graves	Street: 4163 N. Birch Tr. City: Cross Plains WI Zip: 53528	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Cross Plains	11/15/2011 (Month) (Day) (Year)
10. JIM BENNETT	Jim Bennett	Street: 6238 HWY 78 N City: MAZOWANIE WI Zip: 53560	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City MAZOWANIE	11/15/2011 (Month) (Day) (Year)

## Certification of Circulator

I, Pamela Z. Cashman, (certify): I reside at 5002 Reeve Rd. Town of Black Earth  
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 15 / 2011  
(Month) (Day) (Year)

Pamela Z. Cashman  
(Signature of Circulator)

Page No. (Official Use Only)  
# 1171

Circulators

Phone

Email

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# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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1. Margaret Buechner	Margaret Buechner	Street: 5230 Enchanted Valley Rd City: Cross Plains Zip: 53528	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Berry	11/15/2011 (Month) (Day) (Year)
2. JOHN BROOKS	John Brooks	Street: 4874 Hwy KP City: CROSS PLAINS Zip: 53528	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Berry	11/15/2011 (Month) (Day) (Year)
3. Al Sulzer	Al Sulzer	Street: 2725 Westview Ct, S City: Cross Plains Zip: 53528	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Cross Plains	11/15/2011 (Month) (Day) (Year)
4. DAVID R FASS	David R Fass	Street: 2506 Church St City: CROSS PLAINS WI Zip: 53528	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Cross Plains	11/15/2011 (Month) (Day) (Year)
5. Lucille Blythe	Lucille Blythe	Street: 2704 MILITARY RD City: CROSS PLAINS Zip: 53528	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Cross Plains	11/15/2011 (Month) (Day) (Year)
6. _____	_____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____	1/20 (Month) (Day) (Year)
7. Henry Bollrud	Henry Bollrud	Street: 2011 Julius St City: CROSS PLAINS Zip: 53528	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Cross Plains	11/15/2011 (Month) (Day) (Year)
8. Cindy Krantz	Cindy Krantz	Street: 111 W. Wilson St #608 City: Madison Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
9. Samantha Schultz	Samantha Schultz	Street: 431 Water St #202 City: Prairie du Sac Zip: 53578	<input checked="" type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Prairie du Sac	11/15/2011 (Month) (Day) (Year)
10. Beth Hamilton	Beth Hamilton	Street: 1725 Ludden Dr City: Cross Plains Zip: 53528	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Cross Plains	11/15/2011 (Month) (Day) (Year)

## Certification of Circulator

I, Pamela Z. Cashman, (certify): I reside at 5082 Reeve Rd. Town of Black Earth  
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 15 / 2011  
(Month) (Day) (Year)

Pamela Z. Cashman  
(Signature of Circulator)

Page No. (Official Use Only)  
# 1172

Circulators, P  
Phone  
Email

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# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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1. Shirley A. Coulson	Shirley A. Coulson	Street: 2308 Hickory St City: Cross Plains, WI Zip: 53528	<input checked="" type="checkbox"/> Town <input checked="" type="checkbox"/> Village Cross Plains <input type="checkbox"/> City	11/15/2011 (Month) (Day) (Year)
2. Tom Acker	Tom Acker	Street: 2010 Sylva Pine Way City: Cross Plains WI Zip: 53528	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Cross Plains <input type="checkbox"/> City	11/15/2011 (Month) (Day) (Year)
3. FRANK BAYER	Frank Bayer	Street: 8055 W Hill Point Rd City: CROSS PLAINS WI Zip: 53528	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village BERRY <input type="checkbox"/> City	11/15/2011 (Month) (Day) (Year)
4. Marian E. Sorensen	Marian E. Sorensen	Street: 1269 Gils Way City: Cross Plains, WI Zip: 53528	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Cross Plains <input type="checkbox"/> City	11/15/2011 (Month) (Day) (Year)
5. Pamela Z. Cashman	Pamela Z. Cashman	Street: 5082 Reeve Rd City: Black Earth WI Zip: 53515	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village Black Earth <input type="checkbox"/> City	11/15/2011 (Month) (Day) (Year)
6. Leila B Callander	Leila B Callander	Street: 2704 Military Rd City: Cross Plains WI Zip: 53528	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Cross Plains <input type="checkbox"/> City	11/15/2011 (Month) (Day) (Year)
7. Mary A. Bolterud	Mary A. Bolterud	Street: 2011 Julius St City: Cross Plains WI Zip: 53528	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Cross Plains <input type="checkbox"/> City	11/15/2011 (Month) (Day) (Year)
8. Apolonia L. Caya	Apolonia L. Caya	Street: 8156 Stage Coach Rd City: Cross Plains WI Zip: 53528	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village Cross Plains <input type="checkbox"/> City	11/15/2011 (Month) (Day) (Year)
9. Caroly J. Stappeworth	Caroly J. Stappeworth	Street: 2106 Misty Mtn City: Cross Plains WI Zip: 53528	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Cross Plains <input type="checkbox"/> City	11/15/2011 (Month) (Day) (Year)
10. Linda K. Johnson	Linda K. Johnson	Street: 10184 Bell Rd. City: Black Earth WI Zip: 53515	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village Vermont <input type="checkbox"/> City	11/15/2011 (Month) (Day) (Year)

## Certification of Circulator

I, JIM BENNETT, (certify): I reside at 6238 HWY 78 N TOWN OF MAZOWIE TN  
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 15 / 2011  
(Month) (Day) (Year)

Jim Bennett  
(Signature of Circulator)

Page No. (Official Use Only)  
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Circulators, pl  
Phone  
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# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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1. Eleanor Flinn	Eleanor Flinn	Street: 10401 County Rd KP City: MAZOMANIE Zip: 53560	<input checked="" type="checkbox"/> Town TOWN OF MAZOMANIE <input type="checkbox"/> Village <input type="checkbox"/> City	11/15/2011 (Month) (Day) (Year)
2. PAM RIEPE	Pam Riepe	Street: 10756 SUTCLIFFE City: BLACK EARTH Zip: 53515	<input checked="" type="checkbox"/> Town TOWN OF BLACK EARTH <input type="checkbox"/> Village <input type="checkbox"/> City	11/15/2011 (Month) (Day) (Year)
3. HENRY RIEPE	Henry Riepe	Street: 10756 SUTCLIFFE RD City: BLACK EARTH Zip: 53515	<input checked="" type="checkbox"/> Town TOWN OF BLACK EARTH <input type="checkbox"/> Village <input type="checkbox"/> City	11/15/2011 (Month) (Day) (Year)
4. DONNA LADD	Donna Ladd	Street: 2610 Military City: CROSS PLAINS Zip: 53528	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village CROSS PLAINS <input type="checkbox"/> City	11/15/2011 (Month) (Day) (Year)
5. DARLENE SUER	Darlene A. Suer	Street: 2610 Military Rd City: CROSS PLAINS Zip: 53528	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village CROSS PLAINS <input type="checkbox"/> City	11/15/2011 (Month) (Day) (Year)
6. HOWARD M. SEVERSON	Howard M. Severson	Street: 607 Haskin City: New Glarus WI Zip: 53574	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village New Glarus <input type="checkbox"/> City	11/15/2011 (Month) (Day) (Year)
7. Darline Anderson	Darline Anderson	Street: 214 Exchange St City: MAZOMANIE WI Zip: 53560	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village MAZOMANIE <input type="checkbox"/> City	11/15/2011 (Month) (Day) (Year)
8. Sharon Taylor	Sharon Taylor	Street: 127 W. Jefferson St City: Spring Green, WI Zip: 53588	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Spring Green <input type="checkbox"/> City	11/15/2011 (Month) (Day) (Year)
9. James M. Huberty	James M. Huberty	Street: 1923 Julius St. City: Cross Plains Zip: 53528	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Cross Plains <input type="checkbox"/> City	11/15/2011 (Month) (Day) (Year)
10. Nancy Acker	Nancy Acker	Street: 3122 Bollenbeck St City: Cross Plains Zip: 53528	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Cross Plains <input type="checkbox"/> City	11/15/2011 (Month) (Day) (Year)

## Certification of Circulator

I, JEFFREY DEVERS, (Name of Circulator), (certify): I reside at 10997 Amanda Rd., Mazomanie, WI (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11/15/2011  
(Month) (Day) (Year)

[Signature]  
(Signature of Circulator)

Page No. (Official Use Only)

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# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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1. David Long		Street: 1934 Heath Ave City: Madison WI Zip: WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
2. David Peterson		Street: 3813 Constitution Dr City: Middleton WI Zip: 53562	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Middleton	11/15/2011 (Month) (Day) (Year)
3. Christa Miller		Street: 5808 1st St. City: Middleton WI Zip: 53562	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Middleton	11/15/2011 (Month) (Day) (Year)
4. Matthew N. Mitchell		Street: 1141 E. Johnson St. City: Madison WI Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
5. Lawrence A. Shields		Street: 3501 Liberty Dr City: Madison, WI Zip: 53718	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
6. Jeremy Sutter		Street: 546 W. Doty St. Apt #3 City: Madison WI Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
7. Matt Peters		Street: 47 Bagley Ct. City: Madison, WI Zip: 53705	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
8. K. Corina Mott		Street: 2022 Kendall Ave City: Madison, WI Zip: 53726	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
9. Jeff Nail		Street: 26 Stacy Lane City: Madison, WI Zip: 53716	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
10. Jennifer Hart		Street: 704 Cherrywood Ct. #7 City: Madison, WI Zip: 53714	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)

## Certification of Circulator

I, MARTINA RIPPON, (certify): I reside at 2223 S. PARK ST. #3 TOWN OF MADISON  
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 15 / 2011  
(Month) (Day) (Year)

(Signature of Circulator)

Page No. (Official Use Only)  
# 1175

Circulators

Phone

Email

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# SCOTT WALKER RECALL PETITION

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1. Janessa Fjelstad	<i>[Signature]</i>	Street: 145 1/2 Highland St. City: Evansville Zip: 53536	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Evansville	11/15/2011 (Month) (Day) (Year)
2. Jake Maxes	<i>[Signature]</i>	Street: 426 W. Williams St. City: Madison Zip: 53506	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
3. Matt Johanning	<i>[Signature]</i>	Street: 1201 Orchard Circle City: Oconomowoc WI Zip: 53066	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Oconomowoc	11/15/2011 (Month) (Day) (Year)
4. LEE SCHMIDT	<i>[Signature]</i>	Street: 6914 HARVEST HILL RD City: MADISON Zip: 53717	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/15/2011 (Month) (Day) (Year)
5. Eric Robideau	<i>[Signature]</i>	Street: 1100 Benton Ave City: Janesville Zip: 54601	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Janesville	11/15/2011 (Month) (Day) (Year)
6. Randy Gonzales	<i>[Signature]</i>	Street: 676 Granit way City: Sun Prairie Zip: 53590	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Sun Prairie	11/15/2011 (Month) (Day) (Year)
7. Douglas Klavon	<i>[Signature]</i>	Street: 361 Raven Lane City: Madison Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
8. COLEEN HARTY	<i>[Signature]</i>	Street: 146 BELMONT RD City: MADISON Zip: 53714	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/15/2011 (Month) (Day) (Year)
9. MICHAEL WARREN	<i>[Signature]</i>	Street: 413 6th Ave #202 City: NEW GLARUS Zip: 53514	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City NEW GLARUS	11/15/2011 (Month) (Day) (Year)
10. DAVID B. PEDERSEN	<i>[Signature]</i>	Street: 812 WOODROW City: MADISON Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/15/2011 (Month) (Day) (Year)

## Certification of Circulator

I, MARTINA RIPPON, (certify): I reside at 2223 S. PARK ST. #3 TOWN OF MADISON  
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 15 / 2011  
(Month) (Day) (Year)

*[Signature]*  
Signature of Circulator

Page No. (Official Use Only)  
# 1176

Circulators

Phone  
Email

Age

# SCOTT WALKER RECALL PETITION

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1. MICHAEL PIOMTEK	<i>[Signature]</i>	Street: 314 CROCUS CIRCLE City: MADISON Zip: 53713	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City MADISON	11/17/2011 (Month) (Day) (Year)
2. LORI WHITMORE	<i>[Signature]</i>	Street: 2211 Stoneham Dr. City: Sun Prairie Zip: 53590	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City SUN PRAIRIE	11/15/2011 (Month) (Day) (Year)
3. DENNIS A ANDERSON	<i>[Signature]</i>	Street: 2905 SIGGELKOW RD City: MCFARLAND Zip: 53558	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City COTTAGE GROVE	11/15/2011 (Month) (Day) (Year)
4. ROBERT WALKER	<i>[Signature]</i>	Street: 5334 BRADY DR City: MADISON Zip: 53705	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/15/2011 (Month) (Day) (Year)
5. JOHN BELL	<i>[Signature]</i>	Street: 423 Sidney St. City: Madison Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
6. JOANNE LePAGE	<i>[Signature]</i>	Street: 4378 Jordan Dr #14 City: McFarland WI Zip: 53558	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City TOWN OF DEER (for voting)	11/15/2011 (Month) (Day) (Year)
7. ERIC BUSSE	<i>[Signature]</i>	Street: 478 BADGER DR. City: EVANSVILLE Zip: 65353	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City EVANSVILLE	11/15/2011 (Month) (Day) (Year)
8. HERMAN GOLDSTEIN	<i>[Signature]</i>	Street: 110 NAUTILUS DR. City: MADISON, WI Zip: 53705	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/15/2011 (Month) (Day) (Year)
9. BRENDAN WILDT	<i>[Signature]</i>	Street: 522 State St., E F City: Madison Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
10. CATRINA AULBACH	<i>[Signature]</i>	Street: 1345 WILLIAMSON ST #1 City: Madison WI Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)

## Certification of Circulator

I, MARTINA RUPON, (certify): I reside at 2223 S. PARK ST. #3 TOWN OF MADISON  
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 15 / 2011  
(Month) (Day) (Year)

*[Signature]*  
(Signature of Circulator)

Page No. (Official Use Only)  
# 1177

Circulators

Phone  
Email

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# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Alex Teel	<i>[Signature]</i>	Street: 1716 Madison ST #1 City: Madison, WI Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
2. MIKE WODYN	<i>[Signature]</i>	Street: 619 PIPER DR City: MADISON WI Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
3. Jeannette Froehle	<i>[Signature]</i>	Street: 205 S Allen City: Madison Zip: 53726	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
4. Kenneth L. Olson	<i>[Signature]</i>	Street: 805 Kene Ave City: Madison WI Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
5. Paul du Breuil	<i>[Signature]</i>	Street: 1665 Monroe St City: Madison WI Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
6. Jane Ferris	<i>[Signature]</i>	Street: 2102 Jefferson St City: Madison Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
7. Kate Arnold	<i>[Signature]</i>	Street: 169 Talmadge St. City: Madison Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
8. Elaine Bogen	<i>[Signature]</i>	Street: 23 Walworth Ct City: Madison WI Zip: 53705	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
9. Holly Henschen	<i>[Signature]</i>	Street: 2813 Atwood Ave Apt. 1 City: Madison WI Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
10. Nancy Brower	<i>[Signature]</i>	Street: 2006 Madison St. City: Madison Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)

## Certification of Circulator

I, Stephen Arnold, (certify): I reside at 2201 Commonwealth Dr Madison  
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 15 / 2011  
(Month) (Day) (Year)

*[Signature]*  
(Signature of Circulator)

Page No. (Official Use Only)

# 1178

Circulators

Phone

Email

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# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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1. Robert Huncosky	<i>Robert Huncosky</i>	Street: 5913 Denville Dr. City: Madison Zip: 53719	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11 / 15 / 2011 (Month) (Day) (Year)
2. Tim Goers	<i>Tim Goers</i>	Street: 625 South Spomer St. City: Madison Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11 / 15 / 2011 (Month) (Day) (Year)
3. Katrin Talbot	<i>Katrin Talbot</i>	Street: 109 Everglade Drive City: Madison WI Zip: 53717	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11 / 15 / 2011 (Month) (Day) (Year)
4. Lynn Squire	<i>Lynn Squire</i>	Street: 9013 Wrennwood City: Madison Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11 / 15 / 2011 (Month) (Day) (Year)
5. BERNARD LESIEUR	<i>Bernard Lesieur</i>	Street: 2522 MARSHALL PARKWAY City: MADISON Zip: 53713	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City MADISON	11 / 15 / 2011 (Month) (Day) (Year)
6. Lewis McKay	<i>Lewis McKay</i>	Street: 5338 W 57 City: Milwaukee Zip: 53214	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee	11 / 15 / 2011 (Month) (Day) (Year)
7. Darin J. Harris	<i>Darin J. Harris</i>	Street: 2241 Fox Ave City: madison Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11 / 15 / 2011 (Month) (Day) (Year)
8. T. Nettum	<i>T. Nettum</i>	Street: 2152 FOX AVE City: madison Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11 / 15 / 2011 (Month) (Day) (Year)
9. MARIA MEYER	<i>Maria Meyer</i>	Street: 2152 Fox Ave City: MADISON Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11 / 15 / 2011 (Month) (Day) (Year)
10. Monica Dubay	<i>Monica Dubay</i>	Street: 4102 City B City: Wisconsin Dells Zip: 53965	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wisconsin Dells	11 / 15 / 2011 (Month) (Day) (Year)

## Certification of Circulator

I, Stephen Arnold, (certify): I reside at 2201 Commonwealth Ave Madison  
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 15 / 2011  
(Month) (Day) (Year)

*Stephen Arnold*  
(Signature of Circulator)

Page No. (Official Use Only)

# 1179

Circulators,

Phone

Email

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# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by Ja  
Committee to  
PO Box 2569  
Madison, WI

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.  
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT
1. Print: <u>Melissa Hugen's</u> Sign: <u>[Signature]</u>	Street: <u>1101 Lw L St</u> City: <u>Madison WI</u> Zip: <u>53711</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email  Phone ( ) ( )
2. Print: <u>Holly Storck Post</u> Sign: <u>[Signature]</u>	Street: <u>1115 E Wilson St #121</u> City: <u>Madison</u> Zip: <u>53703</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email  Phone ( ) ( )
3. Print: <u>Megan Cooke Carcagno</u> Sign: <u>[Signature]</u>	Street: <u>2233 Commonwealth Ave</u> City: <u>Madison</u> Zip: <u>53711</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email  Phone ( ) ( )
4. Print: <u>Simone Dasilia</u> Sign: <u>[Signature]</u>	Street: <u>7429 Old Sauk Rd 301</u> City: <u>Madison</u> Zip: <u>53717</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email  Phone ( ) ( )
5. Print: <u>Kendall McMinimy</u> Sign: <u>[Signature]</u>	Street: <u>1472 Schroeder Rd</u> City: <u>Fremont WI</u> Zip: <u>54940</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Fremont WI</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email  Phone ( ) ( )

1. Stephen Arnold (Printed Name of Circulator) (certify): I reside at 2201 Commonwealth Ave (Circulator's Residence - Street Name and Number) Madison (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the office holder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 15 / 2011  
(Month) (Day) (Year)

[Signature]  
(Signature of Circulator)

Page No. (Official Use Only)  
# 1190

Circulators.  
Please include your contact

Phone  
(608)  
Email

48603

# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by Jan

Committee to  
PO Box 2569  
Madison, WI

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.  
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT
1. Print: <u>CHRIS LONG</u> Sign: <u>C. Long</u>	Street: <u>1609 FOREMAN AVE</u> City: <u>MADISON</u> Zip: <u>53794</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>MADISON</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email  Phone ( )
2. Print: <u>Tsela BARR</u> Sign: <u>Tsela Barr</u>	Street: <u>118 N. SPOONER</u> City: <u>MAD. WI</u> Zip: <u>53726</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>MADISON</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email  Phone ( )
3. Print: <u>Jean Kasten</u> Sign: <u>Jean Kasten</u>	Street: <u>1015 HARKEN ST</u> City: <u>MADISON</u> Zip: <u>53711</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>MADISON</u> (Municipality Name)	<u>11/16/2011</u> (Month) (Day) (Year)	Email  Phone ( )
4. Print: <u>Nancy Youngerman</u> Sign: <u>Nancy Youngerman</u>	Street: <u>2445 Fox Ave</u> City: <u>Madison</u> Zip: <u>53711</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison-Dane</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email  Phone ( )
5. Print: <u>Deborah Hoffman</u> Sign: <u>D Hoffman</u>	Street: <u>2702 Sommers Ave #3</u> City: <u>Madison</u> Zip: <u>53704</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email  Phone ( )

## Certification of Circulator

I, Stephen Arnold (certify): I reside at 2201 Commonwealth Madison  
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 15 / 2011  
(Month) (Day) (Year)

Stephen Arnold  
(Signature of Circulator)

Page No. (Official Use Only)

# 1/91

Circulators,  
Please include your contact

Phone

(608)

Email

A860-4

# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

**Return by**  
Committee to  
PO Box 2569  
Madison, WI

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NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT
1. <u>Kolleen Onsmo</u> Print: <u>Kolleen Onsmo</u> Sign: <u>[Signature]</u>	Street: <u>409 South 1st St.</u> City: <u>EVANSVILLE, WI</u> Zip: <u>53536</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>EVANSVILLE</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email  Phone ( ) ( )
2. <u>MARK SHANNAN</u> Print: <u>Mark Shannan</u> Sign: <u>[Signature]</u>	Street: <u>2901 POST RD</u> City: <u>MADISON</u> Zip: <u>53713</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>MADISON</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email  Phone ( ) ( )
3. <u>John Steill</u> Print: <u>John Steill</u> Sign: <u>[Signature]</u>	Street: <u>2010 E WASHINGTON AVE</u> City: <u>MADISON</u> Zip: <u>53704</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>MADISON</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email <u>Steill@</u> Phone ( ) ( )
4. <u>Diane Wadzinski</u> Print: <u>Diane Wadzinski</u> Sign: <u>[Signature]</u>	Street: <u>6225 Tiller Trl</u> City: <u>madison</u> Zip: <u>53719</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>madison</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email  Phone ( ) ( )
5. <u>Constance Squire</u> Print: <u>Constance Squire</u> Sign: <u>[Signature]</u>	Street: <u>587 Park Lane</u> City: <u>Madison WI</u> Zip: <u>53711</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email  Phone ( ) ( )

I, Stephen Arnold (certify): I reside at 2201 Commonwealth Ave Madison  
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number) (Circulator Municipality)

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11 / 15 / 2011  
(Month) (Day) (Year)

[Signature]  
(Signature of Circulator)

Page No. (Official Use Only)  
# 1182

Circulators,  
Please include your con

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Email

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# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Courtney Nelson	<i>Courtney Nelson</i>	Street: N8427 County Rd H City: Whitewater Zip: 53190	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Whitewater	11/15/2011 (Month) (Day) (Year)
2. Sarah Jones-Witmann	<i>Sarah Jones-Witmann</i>	Street: 1625 Adams St. City: Madison Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
3. Julie Marks	<i>Julie Marks</i>	Street: 720 Weale Bridge Rd City: Cottage Grove Zip: 53527	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Cottage Grove	11/15/2011 (Month) (Day) (Year)
4. Mary Jane Schuchardt	<i>Mary Jane Schuchardt</i>	Street: 1200 River Ave East City: Ladysmith Zip: 54848	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Ladysmith	11/15/2011 (Month) (Day) (Year)
5. T.B. Bullock	<i>T.G. BULLOCK</i>	Street: 2141 ROWLEY AVE City: MADISON WISC Zip: 53726	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
6. Michael Olneck	<i>Michael Olneck</i>	Street: 1932 West Lawn Ave. City: Madison Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
7. Francis Schrag	<i>Francis Schrag</i>	Street: 1921 W Lawn City: Madison Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
8. LINDA FARISS	<i>Linda Fariss</i>	Street: 100 W. Garfield #5 City: Mount Horeb Zip: 53572	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mt Horeb	11/15/2011 (Month) (Day) (Year)
9. Jennifer Dargatz	<i>Jennifer Dargatz</i>	Street: 202 S Midvale Blvd City: Madison WI Zip: 53705	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
10. Rachel Warrich	<i>Rachel Warrich</i>	Street: 501 Eugenia Ave City: Madison WI Zip: 53702	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)

## Certification of Circulator

I, Stephen Arnold

(Name of Circulator)

(certify): I reside at 2201 Commonwealth Ave

(Circulator's Residence - Street name and Number)

Madison

(Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 15 / 2011  
(Month) (Day) (Year)

*Stephen Arnold*  
(Signature of Circulator)

Page No. (Official Use Only)

# 1183

Circulators, please

Phone

Email

4860-

# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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1. KATE EDWARDS	<i>Kate E. Edwards</i>	Street: 2422 FOX AVE City: MADISON Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
2. Christopher Kelly	<i>Ch K</i>	Street: 1108 Grant Street City: Madison Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
3. MICHAEL STEETS	<i>Michael Steets</i>	Street: 5010 RISSEY RD City: MADISON Zip: 53705	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/15/2011 (Month) (Day) (Year)
4. Fred Best	<i>F. A. Best</i>	Street: 1325 Whenona Dr. City: Madison Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
5. Sharon Johnson	<i>Sharon Johnson</i>	Street: 2545 Marshall PKWY City: MADISON Zip: 53713	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
6. Andrea Williams	<i>Andrea Williams</i>	Street: <del>5322 Old Middleton Road</del> Madison WI 53705 City: Madison Zip: 53705	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
7. Kwame A. Bernard	<i>Kwame A. Bernard</i>	Street: 1622 MONROE ST APT F 53711 City: MADISON Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
8. Diane Lauer	<i>Diane Lauer</i>	Street: 909 Harrison St City: Madison Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
9. LYNN BJORKMAN	<i>L. Bjorkman</i>	Street: 1910 W. LAWN AVE City: madison Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/15/2011 (Month) (Day) (Year)
10. Rima D. Apple	<i>Rima D. Apple</i>	Street: 2013 Madison St City: Madison Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)

## Certification of Circulator

I, Stephen Nathans-Kelly, (certify): I reside at 2252 Monroe St. City of Madison  
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11/15/2011  
(Month) (Day) (Year)

*Stephen Nathans-Kelly*  
(Signature of Circulator)

Page No. (Official Use Only)  
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Circulators, pl  
Phone  
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# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Heather Cunningham	[Signature]	Street: 1622 Monroe St Apt A City: Madison Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
2. Jacqueline Hind	[Signature]	Street: 7414 Secret Bluff City: Madison Zip: 53719	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
3. Tom Kunicki	[Signature]	Street: 1731 Regent St City: MADISON Zip: 53726	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
4. Sue Dane	[Signature]	Street: 452 Va. Terrace City: MADISON Zip: 53726	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/15/2011 (Month) (Day) (Year)
5. Peter Luisi-Mills	[Signature]	Street: 830 S. Gammon Rd. #1 City: Madison Zip: 53719	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
6. Jesse Lyons	[Signature]	Street: 883 Harper Dr City: Verona WI Zip: 53593	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Verona	11/15/2011 (Month) (Day) (Year)
7. Kim Kreitingner	[Signature]	Street: 2228 Monroe St City: Madison Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
8. John Harrington	[Signature]	Street: 133 Larkin St City: Madison WI Zip: 53705	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
9. MARTIN MENOCAL	[Signature]	Street: 4021 EUCLID AVE City: MADISON WI Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/15/2011 (Month) (Day) (Year)
10. Rebecca Frank	[Signature]	Street: 5501 Osborn Dr City: McFarland WI Zip: 53558	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City McFarland	11/15/2011 (Month) (Day) (Year)

## Certification of Circulator

I, Stephen Nathans-Kelly, (certify): I reside at 2252 Monroe St. City of Madison  
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

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# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Michael W. Apple	<i>Michael W. Apple</i>	Street: 2013 Madison St. City: Madison Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
2. Kristine Foss-Reperkorn	<i>Kristine Foss-Reperkorn</i>	Street: 5158 Whitcomb Dr. City: Madison WI Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
3. SEAN KNICK	<i>Sean Knick</i>	Street: 4605 Windigo Tr. City: Madison Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
4. David J. Reichenberger	<i>David J. Reichenberger</i>	Street: 1632 Monroe St. F City: Madison Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
5. Rosalind Oertgen	<i>Rosalind Oertgen</i>	Street: 7218 Colony 53711 City: Madison WI Zip: WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
6. Stephanie Bedford	<i>Stephanie Bedford</i>	Street: 4121 Hillcrest Dr City: Madison WI Zip: WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
7. Steffenie Williams	<i>Steffenie Williams</i>	Street: 5722 Old Middleton Rd. City: Madison WI Zip: 53705	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
8. MARIA K. DOYLE	<i>Maria K Doyle</i>	Street: 2730 LAKELAND City: MADISON Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/15/2011 (Month) (Day) (Year)
9. Laila Borokhim	<i>Laila Borokhim</i>	Street: 2214 Monroe St City: Madison Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
10. Debra Griffith	<i>Debra Griffith</i>	Street: 2225 Westlawn Ave City: MADISON WI Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)

## Certification of Circulator

I, Stephen Nathans-kelly, (certify): I reside at 2252 Monroe St. City of Madison  
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 15 / 2011  
(Month) (Day) (Year)

*Stephen Nathans-kelly*  
(Signature of Circulator)

Page No. (Official Use Only)  
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Circulators, please

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# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Martha Nack	<i>Martha Nack</i>	Street: 5306 Milwaukee Dr. City: Madison Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
2. CLAUDIA LIPKE	<i>Claudia Lipke</i>	Street: 2150 KEYES AVE City: MADISON Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
3. Baz Phillips	<i>Robert M. Phillips</i>	Street: 4025 HIAWATHA DR. City: Madison Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
4. Tanya Schlau	<i>Tanya Schlau</i>	Street: 619 S. Spooner St. City: Madison Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
5. SARAH KAISTAMP	<i>Sarah Kaistamp</i>	Street: 25344 WALNUT RD City: MONTICELLO WI Zip: 53570	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Monticello	11/15/2011 (Month) (Day) (Year)
6. NORMA DENBROOK	<i>Norma Denbrook</i>	Street: 2215 Hollister Ave City: Madison WI Zip: 53726	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
7. Andrea (Thalasinos) Thalasinos	<i>Andree Thalasinos</i>	Street: 2437 Commonwealth Ave. City: Madison WI Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
8. GREGORY M DEAN	<i>Gregory M Dean</i>	Street: 2325 MADISON ST City: MADISON Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
9. Dana Scheckel	<i>Dana Scheckel</i>	Street: 1915 JEFFERSON ST City: Madison Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
10. ROGER P. PIERSON JR.	<i>Roger P. Pierson Jr.</i>	Street: 1717 SUMMIT AVE City: MADISON Zip: 53726	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)

## Certification of Circulator

I, Stephen Nathans-Kelly, (Name of Circulator)

(certify): I reside at 2252 Monroe St. (Circulator's Residence - Street name and Number)

City of Madison (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 15 / 2011  
(Month) (Day) (Year)

(Signature of Circulator)

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Circulators, please provide:  
Phone  
Email

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# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. JULIE WILKE	<i>Julie Wilke</i>	Street: 5525 Englewood Dr. City: Madison WI Zip: 53705	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11 / 15 / 2011 (Month) (Day) (Year)
2. John Gruber	<i>John Gruber</i>	Street: 1431 Drake St City: Madison WI Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11 / 15 / 2011 (Month) (Day) (Year)
3. Tellervo Zoller	<i>Tellervo Zoller</i>	Street: 13199 McMillan Rd City: Decorah WI Zip: 53755	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Decorah	11 / 15 / 2011 (Month) (Day) (Year)
4. JANET BIRCH	<i>Janet Birch</i>	Street: 817 MIAMI PASS City: MADISON Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11 / 15 / 2011 (Month) (Day) (Year)
5. Katie Gletty Syoen	<i>Katie Gletty Syoen</i>	Street: 6118 Johnson St. City: McFarland WI Zip: 53558	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City McFarland	11 / 15 / 2011 (Month) (Day) (Year)
6. Jessica Omdahl	<i>J Omdahl</i>	Street: 10 MESA Ct. #3 City: Madison WI Zip: 53719	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11 / 15 / 2011 (Month) (Day) (Year)
7. Jessica Fields	<i>Jessica Fields</i>	Street: 11 Virginia Ter City: Madison WI Zip: 53726	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11 / 15 / 2011 (Month) (Day) (Year)
8. Kathleen Brerdul's	<i>Kathleen Brerdul's</i>	Street: 2234 Monroe St City: Madison WI Zip: WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11 / 15 / 2011 (Month) (Day) (Year)
9. Amy Liem	<i>Amy Liem</i>	Street: 515 W. Olin Ave City: Madison WI Zip: 53715	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11 / 15 / 2011 (Month) (Day) (Year)
10. TODD M. WAMBOLD	<i>Todd Wambold</i>	Street: 426 Westmoreland Blvd City: MADISON WI Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11 / 15 / 2011 (Month) (Day) (Year)

## Certification of Circulator

I, Stephen Nathans Kelly, (certify): I reside at 2252 Monroe St. City of Madison  
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I support their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 15 / 2011  
(Month) (Day) (Year)

*Stephen Nathans Kelly*  
(Signature of Circulator)

Page No. (Official Use Only)  
# 1188

Circulators, please

Phone

Email

A205

# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Rachel Lander	Rachel Lander	Street: 2310 West Lawn Ave. City: Madison Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
2. Jim Beirne	James Beirne	Street: 64 Leonard St City: Madison Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
3. Sherry Huhn-Gotzler	Sherry Huhn-Gotzler	Street: 2321 Keyes Ave City: Madison WI Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
4. Dawn McCluskey	Dawn McCluskey	Street: 2241 Fox Ave. City: Madison Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
5. Traci M. Nathans-Kelly	Traci M. Nathans-Kelly	Street: 2252 Monroe St City: Madison WI Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
6. KEN STEENE	Ken Steene	Street: 2010 Monroe City: MADISON WI Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
7. MELINDA M. BAILEY	Melinda M. Bailey	Street: 2545 MARSHALL PKWY City: MADISON WI Zip: 53713	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City MADISON	11/15/2011 (Month) (Day) (Year)
8. RICHARD MARGOLIS	Richard Margolis	Street: 2967 WOODS EDGE WAY City: MADISON WI Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City FITCHBURG	11/15/2011 (Month) (Day) (Year)
9. Priscilla B Mather	Priscilla B Mather	Street: 641 Sheldon St City: MADISON WI Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
10. Nelson E. Balke	Nelson E. Balke	Street: 222 Forest St. City: Madison WI Zip: 53726	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)

## Certification of Circulator

I, Stephen Nathans-Kelly, (certify): I reside at 2252 Monroe St. City of Madison  
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 15 / 2011  
(Month) (Day) (Year)

Stephen Nathans-Kelly  
(Signature of Circulator)

Page No. (Official Use Only)  
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Circulators

Phone  
Email

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# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. AMY Puccio	<i>Amy Puccio</i>	Street: 626 TROY City: Madison WI Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
2. ARTHUR ROSS	<i>Arth Ross</i>	Street: 411 SIDNEY ST City: MADISON WI Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/15/2011 (Month) (Day) (Year)
3. William Knobeloch	<i>William Knobeloch</i>	Street: 4245 Manitowish Way City: Madison WI Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
4. Jennifer Rhodes	<i>Jennifer Rhodes</i>	Street: 1306 Prospect St. City: Watertown, WI Zip: 53098	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Watertown	11/15/2011 (Month) (Day) (Year)
5. Patrick Hoeth	<i>Patrick Hoeth</i>	Street: 302 N. 6th St City: MADISON WI Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
6. Wendy Barton	<i>Wendy Barton</i>	Street: 4317 Crawford Dr City: Madison WI Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
7. SUSAN CASTLE	<i>Susan Castle</i>	Street: 496 Todd St. City: Verona WI Zip: 53593	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Verona	11/15/2011 (Month) (Day) (Year)
8. Rosmery Cuya	<i>Rosmery Cuya</i>	Street: 1302 Glacier Hill Dr City: Madison WI Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
9. JEROME FLOWERS	<i>Jerome Flowers</i>	Street: 1302 GLACIER HILL DR City: Madison WI Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
10. SUSAN A REBELLO	<i>Susan A Rebello</i>	Street: 564 CENTER RD City: OREGON WI Zip: 53575	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City RUTLAND	11/15/2011 (Month) (Day) (Year)

## Certification of Circulator

I, ANNE BENISHER-CLARK, (certify): I reside at 5402 SUDBURY WAY MADISON, WI  
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 1 / 15 2011  
(Month) (Day) (Year)

Anne Benisher-Clark  
(Signature of Circulator)

Page No. (Official Use Only)  
# 1190

Circulators

Phone

Email

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# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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1. JEFF REINKE	<i>Jeff Reinke</i>	Street: 1144 CURTIS CT City: MADISON WI Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/15/2011 (Month) (Day) (Year)
2. ROBERT THIBOLDEAUX	<i>Robert Thibodeaux</i>	Street: 2730 OAKKIDGE AVE City: MADISON WI Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/15/2011 (Month) (Day) (Year)
3. Karen Slaney	<i>Karen Slaney</i>	Street: 430 E. Richards Rd City: Oregon WI Zip: 53575	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Oregon	11/15/2011 (Month) (Day) (Year)
4. Deborah Manowske	<i>Deborah Manowske</i>	Street: 538 Spruce St. City: Madison WI Zip: 53715	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/15/2011 (Month) (Day) (Year)
5. ROBIN BLOOM	<i>Robin Bloom</i>	Street: 7635 WIDGEON WAY City: MADISON WI Zip: 53717	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/15/2011 (Month) (Day) (Year)
6. MARSHA ALDERMAN	<i>Marsha Alderman</i>	Street: 1705 HICKORY DRIVE City: MADISON WI Zip: 53705	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/15/2011 (Month) (Day) (Year)
7. ROBERT ARSENEAU	<i>Robert Arsenau</i>	Street: 1025 TROY DRIVE City: MADISON, WI Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/15/2011 (Month) (Day) (Year)
8. TODD SMITH	<i>Todd Smith</i>	Street: 4926 HOLIDAY DR City: MADISON, WI Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/15/2011 (Month) (Day) (Year)
9. Joy Wilson-Beenen	<i>Joy Wilson-Beenen</i>	Street: 7305 Countrywood Lane City: Madison, WI Zip: 53719	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
10. Betsy Wilson	<i>Betsy Wilson</i>	Street: 7210 Harvest Hill Rd City: Madison WI Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)

## Certification of Circulator

I, ANNE BENISHEK-CLARK, (certify): I reside at 5402 SUBBURY WAY MADISON, WI  
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 1 / 15 120 / 11  
(Month) (Day) (Year)

Anne Benishak-Clark  
(Signature of Circulator)

Page No. (Official Use Only)  
# 191

Circulators:  
Phone  
Email

A204

# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Rachel Meek		Street: 2509 Muirfield Rd City: Madison WI Zip: 53719	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
2. Kathryn A. Ackley		Street: 114 Talmadge St City: Madison WI Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
3. June Goglio		Street: 944 E. Dayton St. City: Madison WI Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
4. Cynthia B Ofstun		Street: 1209 Ellen Ave City: Madison WI Zip: 53716	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
5. Ashley Massart		Street: 2405 E. Miffing St City: Madison, WI Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
6. Patricia Skaleski		Street: 3062 Artesian Ln City: Madison WI Zip: 53713	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
7. Randy Forrand		Street: 4870 Trautman Ct. City: Wauwatosa, WI Zip: 53597	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Westport	11/15/2011 (Month) (Day) (Year)
8. Scott Jennings		Street: 3141 Buena Vista St City: Madison, WI Zip: 53704	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
9. Holly L. Stropie		Street: 1301 BULTMANKO City: Madison, WI Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
10. Michael D. Scott		Street: 629 S. Segoe Rd City: Madison WI Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)

## Certification of Circulator

I, ANNE BENISHEK-CLARK, (certify): I reside at 5402 SUDBURY WAY MADISON WI  
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 1 15 2011 Anne Benishek-Clark  
(Month) (Day) (Year) (Signature of Circulator)

Page No. (Official Use Only)  
# 1192

Circulators, p  
Phone  
Email

A201-

# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Susan C. Jensen	<i>Susan Jensen</i>	Street: 624 Louis Ct City: DeForest WI Zip: 53532	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village DeForest <input type="checkbox"/> City	11/15/2011 (Month) (Day) (Year)
2. Michele R. Hennessee	<i>Michele R. Hennessee</i>	Street: 216 Vintage Ln City: Cottage Grove WI Zip: 53527	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Cottage Grove <input type="checkbox"/> City	11/15/2011 (Month) (Day) (Year)
3. MARGE K. GUNDERSON	<i>Marge K. Gunderson</i>	Street: 631 Cardinal Way City: Sun Prairie WI Zip: 53590	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City San Prairie	11/15/2011 (Month) (Day) (Year)
4. Pauline Veith	<i>Pauline Veith</i>	Street: 5815 Chesapeake Cr. City: Fitchburg WI Zip: 53719	<input type="checkbox"/> Town (Lacey) <input checked="" type="checkbox"/> Village Fitchburg <input type="checkbox"/> City	11/15/2011 (Month) (Day) (Year)
5. Lisa Subeck	<i>Lisa Subeck</i>	Street: 818 S. Gammon Rd #4 City: Madison WI Zip: 53719	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
6. Kirstin Bloy	<i>Kirstin Bloy</i>	Street: 925 O'Sheridan St City: Madison WI Zip: 53715	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
7. CRAIG FRANKLIN	<i>Craig Franklin</i>	Street: 137 E WILSON ST UNIT 413 City: MADISON WI Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
8. Kreszenz Little	<i>Kreszenz Little</i>	Street: 630 Baxton Pl City: Madison WI Zip: 53715	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
9. LUCAN SENWATT	<i>Lucan Senwatt</i>	Street: 116 Sherman Terr #2 City: madison WI Zip: 53714	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City madison	11/15/2011 (Month) (Day) (Year)
10. Heather L. Wendtland-Nelson	<i>Heather L. Wendtland-Nelson</i>	Street: 745 St John St City: Cottage Grove WI Zip: 53527	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Cottage Grove <input type="checkbox"/> City	11/15/2011 (Month) (Day) (Year)

## Certification of Circulator

I, ANNE BENISHEK-CLARK, (certify): I reside at 5402 Sudbury Way MADISON, WI  
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11/15/2011  
(Month) (Day) (Year)

*Anne Benishek-Clark*  
(Signature of Circulator)

Page No. (Official Use Only)  
# 1193

Circulators, pl  
Phone  
Email

A201-

# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Kristi Zwiefelhofer	<i>[Signature]</i>	Street: 304 Apache Ct City: DeForest Zip: 53532	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village DeForest <input type="checkbox"/> City	11 / 15 / 2011 (Month) (Day) (Year)
2. Frances Uselman	<i>[Signature]</i>	Street: 502 East Washington Ave #2 City: Madison Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village Madison <input checked="" type="checkbox"/> City	11 / 15 / 2011 (Month) (Day) (Year)
3. LANGESTON Hughes	<i>[Signature]</i>	Street: 5323 WESTPORT RD City: MADISON Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11 / 15 / 2011 (Month) (Day) (Year)
4. John DeLoe	<i>[Signature]</i>	Street: 502 Brook St City: DeForest WI Zip: 53532	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village DeForest <input type="checkbox"/> City	11 / 15 / 2011 (Month) (Day) (Year)
5. Shanekia Graham	<i>[Signature]</i>	Street: 342 Forestleaf Dr #371 City: Madison Zip: 53719	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11 / 15 / 2011 (Month) (Day) (Year)
6. Aeshululmr	<i>[Signature]</i>	Street: 2847 Pimarron Trl City: Madison WI Zip: 53719	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11 / 15 / 2011 (Month) (Day) (Year)
7. Allen Bateman	<i>[Signature]</i>	Street: 1111 Jenifer St. City: Madison Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11 / 15 / 2011 (Month) (Day) (Year)
8. JAMES BILLINGS	<i>[Signature]</i>	Street: 6702 PARK RIDGE DR #C City: MADISON WI Zip: 53719	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11 / 15 / 2011 (Month) (Day) (Year)
9. Shelly Recob	<i>[Signature]</i>	Street: 510387 Cty Rd C City: Sauk City, WI Zip: 53583	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village TROY <input type="checkbox"/> City	11 / 15 / 2011 (Month) (Day) (Year)
10. Karen Schwanz	<i>[Signature]</i>	Street: 428 - D Cantwell Ct. City: Madison Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11 / 15 / 2011 (Month) (Day) (Year)

## Certification of Circulator

I, Pamela Campbell, (certify): I reside at 1529 Drewry LN Madison  
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 15 / 2011  
(Month) (Day) (Year)

Pamela Campbell  
(Signature of Circulator)

Page No. (Official Use Only)  
# 1194

Circulators, pl  
Phone  
Email  
PC  
A196

# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. LILY GARCIA	<i>Lily Garcia</i>	Street: 416 E. WILSON City: MADISON, WI Zip: 53203	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/15/2011 (Month) (Day) (Year)
2. Jessne Castello	<i>Jessne Castello</i>	Street: 522 State St City: Madison, WI Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
3. GILBERT MELENDEZ	<i>Gilbert Melendez</i>	Street: 107 N. <del>FEW</del> FEW ST City: MADISON WI Zip: 53705	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/15/2011 (Month) (Day) (Year)
4. Aaron Kraus	<i>Aaron Kraus</i>	Street: 135 S Franklin St. City: Madison WI Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
5. Jason Vale	<i>Jason Vale</i>	Street: 135 S. Franklin St. City: Madison WI Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
6.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
7.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)

## Certification of Circulator

I, Kati Walsh, (certify): I reside at 19 South Franklin #1 City of Madison  
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 15 / 2011  
(Month) (Day) (Year)

(Signature of Circulator)

Page No. (Official Use Only)  
# 1195

Circulators, please provide:  
Phone  
Email

A507-1

# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Matthew Priobe	<i>[Signature]</i>	Street: 22 South Franklin St. City: Madison Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
2. Chris Anderson	<i>[Signature]</i>	Street: 22 South Franklin St. City: Madison Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
3. Thomas L. Portle	<i>[Signature]</i>	Street: 5235 Springer Road City: LaValle WI Zip: 53941	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City LaValle	11/15/2011 (Month) (Day) (Year)
4. Jennifer DeBot	<i>[Signature]</i>	Street: 28 S. Franklin St. City: Madison Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
5. Tim Tausey	<i>[Signature]</i>	Street: 251 N. MUSKET RIDGE City: SUN PRAIRIE Zip: 53590	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City SUN PRAIRIE	11/15/2011 (Month) (Day) (Year)
6. Laura Ruskamp	<i>[Signature]</i>	Street: 112 S. Franklin St. City: Madison WI Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
7. STACY GRANDT	<i>[Signature]</i>	Street: 108 S. Franklin St. City: Madison WI Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
8. Brian Grandt	<i>[Signature]</i>	Street: 108 S Franklin St City: Madison, WI Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
9. Elizabeth Connor	<i>[Signature]</i>	Street: 132 S Franklin St City: Madison WI Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
10. Benjamin Dickey	<i>[Signature]</i>	Street: 132 S. Franklin St. City: Madison, WI Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)

## Certification of Circulator

I, Kati Wabsh, (certify): I reside at 19 South Franklin St City of Madison  
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 15 / 2011  
(Month) (Day) (Year)

*[Signature]*  
(Signature of Circulator)

Page No. (Official Use Only)

# 1196

Circulators, p

Phone

Email

Kati

A50

# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Alycia Kaplan		Street: 636 Langdon St. City: Madison Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11 / 15 / 2011 (Month) (Day) (Year)
2. Kevin Schiesser		Street: 225 East Lakelawn Pl. City: Madison Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11 / 15 / 2011 (Month) (Day) (Year)
3. <del>Rezwon Kitan</del>		Street: 306 SPARKWEATHER DRIVE City: BEAVER DAM Zip: 53916	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City BEAVER DAM	11 / 15 / 2011 (Month) (Day) (Year)
4. Seldon Armstrong		Street: 1913 East Dayton St City: Madison Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11 / 15 / 2011 (Month) (Day) (Year)
5. Jim Barnard		Street: 360 W. Washington #1106 City: Madison WI Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11 / 15 / 2011 (Month) (Day) (Year)
6. JOHN MEKER		Street: 3115 FOREST RUN WAY City: MADISON WI Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11 / 15 / 2011 (Month) (Day) (Year)
7. STELLA GANT		Street: YUCH 1015 MIRLIN City: Madison Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11 / 15 / 2011 (Month) (Day) (Year)
8. Rob Edwards		Street: 6757 Schuch Rd. 53711 City: MADISON Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11 / 15 / 2011 (Month) (Day) (Year)
9. DUSTIN BAKER		Street: 2613 Fairview Pl #1 City: MADISON WI Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11 / 15 / 2011 (Month) (Day) (Year)
10. Rochelle Peterson		Street: 2813 Foxwood TR City: Madison WI Zip: 53713	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11 / 15 / 2011 (Month) (Day) (Year)

## Certification of Circulator

I, Sharon Gulseth, (certify): I reside at 2025 Wyoming Ave City of Sun Prairie  
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 15 / 2011  
(Month) (Day) (Year)

(Signature of Circulator)

Page No. (Official Use Only)  
# 1197

Circulators, p

Phone

Email

A140-

# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Daniel Callahan	Daniel Callahan	Street: 5122 Tomahawk Trail City: Madison WI Zip: 53705	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
2. Emily Frakes	Emily Frakes	Street: 630 E Washington Ave City: Madison Zip: 53701	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
3. Corey Johnson	Corey Johnson	Street: Madison 53704 City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
4. Rebecca Merrill	Rebecca Merrill	Street: 630 E. Washington Ave City: Madison Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
5. Wilmer T. Bloy	Wilmer T. Bloy	Street: 5555 Torch Dr. City: Madison WI Zip: 53718	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
6. Steven Ston	Steven Ston	Street: 1490 Martin St. City: Madison Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
7. Nicholas Bergren	Nicholas Bergren	Street: 5170 Anton Dr. Apt. 13 City: Fitchburg Zip: 53719	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Fitchburg	11/15/2011 (Month) (Day) (Year)
8. Chanda Sonnenknecht	Chanda Sonnenknecht	Street: 1103 Rodney Ct. City: Madison Zip: 53715	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
9. Howard Skrip	Howard Skrip	Street: 300 Owen Rd #3 City: Monona WI Zip: 53716	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Monona	11/15/2011 (Month) (Day) (Year)
10. Julian Durite	Julian Durite	Street: 208 First Street City: Cobb Zip: 25312	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Cobb	11/15/2011 (Month) (Day) (Year)

## Certification of Circulator 2033

I, Sharon Gulseth, (certify): I reside at 2025 Wyoming City of Sun Prairie  
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

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(Month) (Day) (Year)

(Signature of Circulator)

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# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Kurtis Uffelmann	<i>Kurtis Uffelmann</i>	Street: 122 Church St. City: Fall River Zip: 53432	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Fall River	11/15/2011 (Month) (Day) (Year)
2. Jessica Bhan	<i>J. Bhan</i>	Street: 5812 Balsam Rd #3 City: Madison WI Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
3. Erin Robinson	<i>Erin Robinson</i>	Street: 5812 Balsam Rd #3 City: Madison WI Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
4. Chris DeCoun	<i>Chris DeCoun</i>	Street: 6864 Frank Lloyd Wright Dr City: Middleton WI Zip: 53562	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Middleton	11/15/2011 (Month) (Day) (Year)
5. Joe Kamm	<i>Joe Kamm</i>	Street: 1980 Mortensen Rd City: Brooklyn Zip: 53521	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Brooklyn	11/15/2011 (Month) (Day) (Year)
6. Dolores Kamm	<i>Dolores Kamm</i>	Street: 1980 Mortensen Rd City: Brooklyn Wis Zip: 53521	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Brooklyn	11/15/2011 (Month) (Day) (Year)
7. Randall Miller	<i>Randall Miller</i>	Street: 3634 Sussex Ln City: Madison WI Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
8. Patricia Emmons	<i>Patricia Emmons</i>	Street: 11577 Kruncke Rd City: Poynette WI Zip: 53955	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Poynette	11/15/2011 (Month) (Day) (Year)
9. Josie Lind	<i>Josie Lind</i>	Street: 202 N Patterson City: Madison WI Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
10. Amanda Love	<i>Amanda Love</i>	Street: 110 S Second St #109 City: Madison WI Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)

## Certification of Circulator

I, Sharon Gulseth, (certify): I reside at 2033 Wyoming City of Sun Prairie  
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

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*Sharon Gulseth*  
(Signature of Circulator)

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# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. JANET OLSEN	<i>Janet Olsen</i>	Street: 717 Kingston Way #1 City: Wauwatosa Zip: 53597	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Wauwatosa	11/15/2011 (Month) (Day) (Year)
2. Amelia Royko Mauer	<i>AM</i>	Street: 342 S. Madison St City: Evansville W Zip: 53536	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Evansville	11/15/2011 (Month) (Day) (Year)
3. Jane Kinney	<i>Jane Kinney</i>	Street: 77 S. Fair Oaks City: Madison W Zip: 53714	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
4. Kate Kollman	<i>Kate Kollman</i>	Street: 5763 Ballina Pl City: Fitchburg Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Fitchburg	11/15/2011 (Month) (Day) (Year)
5. Robert Nixon	<i>R Nixon</i>	Street: 1933 West Lawn Ave City: Madison Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
6. Elizabeth Lew-Williams	<i>Bert Lew-Williams</i>	Street: 1912 West Lawn Ave City: Madison, WI Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
7. Laura L. Buss	<i>Laura Buss</i>	Street: 11173 Steckelberg Drive City: Prairie du Sac Zip: 53578	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Prairie du Sac	11/15/2011 (Month) (Day) (Year)
8. Samantha Nymark	<i>Samantha Nymark</i>	Street: 1315 Bowen Ct City: Madison, WI Zip: 53715	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
9. Jane Rodemeier-Schloesser	<i>Jane Rodemeier-Schloesser</i>	Street: 2984 Chapel Valley Rd #210 City: Fitchburg, WI Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Fitchburg	11/15/2011 (Month) (Day) (Year)
10. MARK Seidenberg	<i>Mark Seidenberg</i>	Street: 3602 BLACKHAWK DR City: MADISON WI Zip: 53705	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)

## Certification of Circulator

I, Stephen Arnold, (certify): I reside at 2201 Commonwealth Madison  
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

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(Month) (Day) (Year)

*Stephen Arnold*  
(Signature of Circulator)

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Circulators, please provide:  
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